



BAKER BOTTS LLP

#18
09/24/02
AS

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 32851PCTUSAA; 070338.0556	
		In re Application of Daniel et al.	
		Application Number 09/462,387	Filed April 19, 2000
		For SILICA-CONTAINING RUBBER * see attached	
		Group Art Unit 1714	Examiner C. Shosho
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>March 14, 2002</u> , rejecting the following claims: <u>13 and 15-27</u>			

The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 320	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ -----	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4377</u> . I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		 _____ Signature	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record. PTO Reg No.32,300			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
		Rochelle K. Seide, Ph.D. _____ Typed or printed name	
		September 12, 2002 _____ Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

RECEIVED
SEP 20 2002
FC 1100 MAIL ROOM

09/19/2002 ENAILE1 00000017 09462387

02 FC:119

320.00 OP